

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34113

1. PLACE OF DEATH

County Calhoun
Township Adair
City Bolton (No.)

Registration District No. 701
Primary Registration District No. 4422

File No.
Registered No. 58
St. Ward)

2. FULL NAME

(a) Residence, No. Adair St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE-MARRIED, WIDOWED, OR-DIVORCED (Write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sheldon Clopton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 9-1866</u>		
7. AGE <u>67</u> YEARS	MONTHS <u>2</u>	DAYS <u>1</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home keeper</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>
	10. Date deceased last worked at this occupation (month and year) <u>-</u>
	11. Total time (years) spent in this occupation <u>-</u>

12. BIRTHPLACE (CITY OR TOWN) Dover
(STATE OR COUNTRY) Kayfash Co Mo

13. NAME William B Wain

14. BIRTHPLACE (CITY OR TOWN) Chautau Co Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Winnie Estlin Wain

16. BIRTHPLACE (CITY OR TOWN) Kayfash Co Mo
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Samuel M. Miller
Adair

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial DATE Oct 10, 1933

19. UNDERTAKER (ADDRESS) Wm Endin North
Adair

20. FILED Oct 10, 1933 J. H. Robins
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10-1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to 10-10, 1933
I last saw her alive on 10/7, 1933 Death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma uteri Date of onset 1932

Other contributory causes of importance:

Generalized Carcinomatosis

Name of operation Hysterectomy Date of 1932

What test confirmed diagnosis? - Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? - Date of injury -, 19-

Where did injury occur? - (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify -

(Signed) Garfield M. Brown, M. D.

(Address) Bolton Mo

